COMMUNITY CORRECTIONS COUNCIL



"TOO OFTEN, OFFENDERS LEAVE PRISON AND RETURN TO THE COMMUNITY WITHOUT SUPERVISION, WITHOUT JOBS, WITHOUT HOUSING." US ATTORNEY GENERAL

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Reducing Recidivism is the Key to Public Safety

Too often offenders are sentenced, serve their time, and released into communities without the tools to successfully reintegrate. Abundant research has found that without the tools to succeed in becoming a law abiding citizen, offenders have not changed their patterns and commit crimes, again placing them back into the criminal justice system. The bottom line includes both community safety due to a failure to supervise parolees or probationers and the ultimate high cost of sending the offender back to prison.

Community Corrections is a principal force in helping Nebraska to successfully ease the transition into soci-

ety and keep the public safe. Nebraska is one of many states across the nation working to reduce recidivism by developing supervised programs in the prison system and for parolees and probationers in the community. The Specialized Substance Abuse Supervision (SSAS) program illustrates one such program involving daily drug tests, education, cognitive behavioral therapy classes, and employment assistance.

Other states, such as California, are using the Resolve to Stop the Violence Program (RSVP). The idea is similar to Nebraska but instead of probation officers managing the program, the classes are

run by the victims of crime who teach the offenders empathy and accountability. RSVP has found that offenders who completed an eight week program had a 46% lower rate of recidivism in violent crime. This number increased to 83% for those who finished the 16 week program.

At the national level, President Bush signed the Second Chance Act of 2007 in April 2008 to help in the reintegration of offenders and the reduction of recidivism. This theme is again echoed by Senator Barack Obama, who has called for access to counseling, job training and employment opportunities for released offenders.

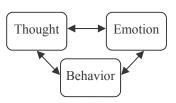
Without some form of human intervention or services there is unlikely to be much effect on recidivism from punishment alone.

- Edward J. Latessa, P.h.D.

Cognitive Therapy- the Means to Address Criminogenic Needs

In reducing recidivism, research indicates it is important to address the criminogenic needs of the offender. These are dynamic factors, not static, which can be changed. As identified by the Ohio Department of Rehabilitation and Correction Intensive Programs Prison (IPP), criminogenic needs may include: anti-social personality, anti-social attitudes and values, anti-social associates, family dysfunction, poor self control, poor problem solving skills, substance

abuse, and lack of employment or employment skills. The Ohio Department has found that certain programming resembling punishmentbased programs such as, boot camps, do not work. Effective intervention requires that offenders be matched to services based on criminogenic needs grounded in cognitive behavioral treatment. Cognitive Therapy works where the intense punishment programs cannot by addressing the root causes of criminal



behavior.

Dr. Greg Mulhauser, Mulhauser Consulting LTD, reinforces the goal of therapy is to "help the client become aware of thought distortions which are causing the behavior and the emotions which are reinforcing it and to correct them."

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COMMUNITY CORRECTIONS COUNCIL

Introducing Cathy Gibson-Beltz: New Parole Administrator



Council
would
like to
welcome
and congratulate
Cathy
GibsonBeltz as

The

the new Parole Administrator.

Gibson-Beltz brings with her a comprehensive understanding of the Department of Corrections, including housing, security and programming. Prior to her appointment as administrator, Gibson-Beltz spent four years as a Correctional Officer at the Diagnostic Evaluation Center (DEC); ten years as a Mental Health Counselor at the Lincoln Correctional Center (LCC) and Nebraska State Patrol (NSP); four years as the Chemical Dependency Supervisor at the Nebraska Correctional Treatment Center (NCTC) for which she developed policy

and procedures as well as programs, and; the past eleven years in the position of Assistant Parole Administrator.

Within three weeks of becoming Administrator, Gibson-Beltz prepared for the American Correctional Association reaccreditation audit and hired Anne Hansen as the new Assistant Parole Administrator.

As in any position, Gibson-Beltz has short and long-term goals. In order to reduce recidivism through officer involvement in the immediate future, she would like to have full staffing by hiring another Sex Offender Supervision Officer, a new Lincoln District Supervisor, a new Risk Assessment Officer and a new Institutional Parole Liaison. Plans to enhance case management entail the use of validated instruments like the Level of Service/Case Management Inventory (LS-CMI) to assess criminogenic needs, increasing the chances of Parole success. It is Gibson-Beltz's

belief that public safety is increased by good case management and program participation.

Long term plans include continuing to partner with Probation and other community corrections entities to re-focus parole energies on case management and not law enforcement. This includes getting psychological assessments on those offenders moving into our state that qualify as Lifetime Supervision Sex Offenders.

With funding from the Community Corrections Council Uniform Data Fund, Parole is working with the State Chief Information Officer (CIO) to develop an electronic case management system to allow parole officers to easily access and update offender information and increase data analysis in assessment of program effectiveness.

Data Research

Research is an integral part of the Community Corrections Council's goal of advancing community corrections programs. To assist in this task, Nebraska Revised Statute §§ 47-627 provides for statistical and research support by the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission).

Michael Overton and Michael Dunkle of the Information Services Division, in the Crime Commission, produce various research reports for the Council, including: reports of current and past populations for the Department of Correctional Services, Probation, Parole and jails. The Information Services Division also reports on community corrections initiatives supported by the Council such as Problem-Solving Courts and Specialized Substance Abuse Supervision (SSAS).

The Crime Commission supports the implementation of informa-

tion technology projects funded through the Community Corrections Uniform Data Analysis Cash fund. These projects are undertaken to improve the datasets needed to support the Council needs and initiatives and affect both operational and statistical systems.

The Council Examines Reentry Courts

Recidivism has always been a topic of concern in community programs. The Bureau of Justice Statistics released its study of rearrests within a three year period, with a study of 15 states in 1983 and 1994. Prisoners released in 1994 and rearrested within three years showed a jump from 62.5% in 1983 to 67.5% . The highest reconviction rate showed significant increase among drug offenders going from 35.3% in 1983 to 47% in 1994. In response to these numbers, the U.S. Attorney General released a statement in 1999 regarding the

need to address the rate of recidivism through the creation of reentry courts. The proposed idea was to develop a "seamless system of offender accountability, supervision, and support that begins during incarceration and continues as the offender leaves prison and reenters the community."

The reentry court concept was introduced as a way to maintain active oversight of an offender, create plans for the offender release and remain involved with the offender during probation or parole.

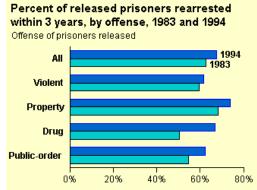
David S. Leitenberger, CPO, Program Director of Richland County Common Pleas Court/ Adult Court Services (Ohio), explained the need for the courts and judges to have a more active role in the activities that carry out the terms of the sentences, preparation of release and a participative role in the transition back into the community. Leitenberger notes the "nontraditional view began with the therapeutic-jurisprudence concept, as implemented most notably in the drug court movement." http://www.ncsconline.org/WC/Publications/Trends/2005/ProAltReentryCttrends/2005.pdf

A major point to the success of the reentry court lies in the collaborative partnerships. In Ohio, partnerships were formed between the Ohio Department of Rehabilitation and Corrections and Adult Parole Authority, Richland County legal, social services, law enforcement, and probation, led by the Richland Common Pleas Court. In the same article, Leitenberger states "the partnership members agreed to work together and in some cases modify each other's authority to develop a successful system of planned offender reentry into the community."

REENTRY COURT CORE ELEMENTS BY THE OHIO OFFICE OF CRIMINAL JUSTICE SERVICES

- ◆PHASE I begins at sentencing by identifying an offender's needs for treatment and behavioral adjustment
- ◆ PHASE II includes behavior modification so they can become productive members of the community
- ◆PHASE III before release from prison, offenders develop a plan which includes where they will live, what type of job they will have, and what treatment will be continued
- ◆ PHASE IV continues with supervision services in the community. Parole officers assist offenders in finding adequate housing, finding and keeping a job, and obtaining services such as mental health, drug, or alcohol counseling.

(Ohio Office of Criminal Justice Services Reentry Court Brochure)



www.ojp.gov/bjs/reentry/recidivism.htm

Justice Behavioral Health Committee Provider Subcommittee

Each of the Justice Behavioral Health Committee (JBHC) subcommittees have been given a charge to follow and guide them. The charge for the Provider Subcommittee reads as: Research evidence-based practices for offenders which compliment the Nebraska Standardized Model. The approach includes a review of research material relevant to the provision of substance abuse services to criminal justice and juvenile justice clients, academic support, and involvement of substance abuse professionals/providers from across the state. With facilitation, the subcommittee will

develop a coordinated recommendation of evidence-based practices to JBHC for consideration.

Over the last few months, the subcommittee members have met several times to expound on the definition of evidence-based practices and to perfect a list of these practices. The members follow the base definition of evidence-based practices as stemming from "scientific knowledge, clinical research and/or expert consensus rather than clinician intuition or impressions." What is Evidenced-Based Practice, Bruce Thayer, Brief Treatment and Crisis Intervention Vol.4,

No.2, University Press 2004

To date, the Subcommittee has developed a Working Draft of evidence-based practices in Nebraska beginning with "treatment best practices are first and foremost based on a comprehensive assessment incorporating identified needs in substance abuse, mental health and criminogenic needs utilizing a standardized model format."

They are continuing their work in finalizing the draft of the evidence-based practices and hope to present it to JBHC in September 2008. Page 3

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Word From The Council



I became a member of the Community Corrections Council as a private provider in 2003, and now I've had the

opportunity to participate from the state perspective. I've observed that the movement to community corrections parallels what we've experienced with behavioral health reform since LB 1083 passed in 2004.

Both efforts are based on the idea of moving away from institutions when services can be provided by community programs and when public safety can be maintained. Both are focused on getting more positive and effective outcomes for the individuals involved. Also, communitybased services are often less costly than institutional care. Both should involve local decisions and private sector relationships.

Behavioral health includes both mental illness and substance abuse. Many people who are placed in community corrections have issues in both areas that affect their lives and how successful they will be when they return to their families and home communities. The Community Corrections Council's initial focus on felony drug offenders is important but I suspect the focus will continue to evolve.

Any change of this magnitude can create confusion and a few aftershocks.

Nebraska's behavioral health system is working through those, and I suspect

that community corrections will, too. This is a matter of tinkering and refinements, though, not an indictment of a fundamentally sound policy direction. I look forward to being a partner in this important work.

Scot Adams

Executive Director,

Department of Health & Human Services

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